DECLARATION AND POWER OF ATTORNEY

ORIGINAL APPLICATION

DOCKET NO. GC560

AS A BELOW NAMED INVENTOR, I HEREBY DECLARE THAT:

MY RESIDENCE, POST OFFICE ADDRESS AND CITIZENSHIP ARE AS STATED BELOW NEXT TO MY NAME. I BELIEVE I AM THE ORIGINAL, FIRST AND SOLE INVENTOR (IF ONLY ONE NAME IS LISTED BELOW) OR AN ORIGINAL, FIRST AND JOINT INVENTOR (IF PLURAL NAMES ARE LISTED BELOW) OF THE SUBJECT MATTER WHICH IS CLAIMED AND FOR WHICH A PATENT IS SOUGHT ON THE INVENTION ENTITLED DIRECTED EVOLUTION OF MICROORGANISMS, THE SPECIFICATION OF WHICH

CHECK ONE:	
WAS FILED ON	AS APPLICATION SERIAL NO

I HEREBY STATE THAT I HAVE REVIEWED AND UNDERSTAND THE CONTENTS OF THE ABOVE IDENTIFIED SPECIFICATION, INCLUDING THE CLAIMS, AS AMENDED BY ANY AMENDMENT REFERRED TO ABOVE. I ACKNOWLEDGE THE DUTY TO DISCLOSE INFORMATION WHICH IS MATERIAL TO PATENTABILITY AS DEFINED IN TITLE 37, CODE OF FEDERAL REGULATIONS §1.56.

I HEREBY CLAIM FOREIGN PRIORITY BENEFITS UNDER TITLE 35, UNITED STATES CODE §119, OF ANY FOREIGN APPLICATION(S) FOR PATENT OR INVENTOR'S CERTIFICATE LISTED BELOW AND HAVE ALSO IDENTIFIED BELOW ANY FOREIGN APPLICATION FOR PATENT OR INVENTOR'S CERTIFICATE HAVING A FILING DATE BEFORE THAT OF THE APPLICATION ON WHICH PRIORITY IS CLAIMED.

			PRIORITY CLAIMED
APPLICATION NUMBER	COUNTRY	DATE OF FILING	YES NO

I HEREBY CLAIM THE BENEFIT UNDER TITLE 35, UNITED STATES CODE §120, OF ANY UNITED STATES APPLICATION(S) LISTED BELOW AND, INSOFAR AS THE SUBJECT MATTER OF EACH OF THE CLAIMS OF THIS APPLICATION IS NOT DISCLOSED IN THE PRIOR UNITED STATES APPLICATION IN THE MANNER PROVIDED BY THE FIRST PARAGRAPH OF TITLE 35, UNITED STATES CODE §112, I ACKNOWLEDGE THE DUTY TO DISCLOSE MATERIAL INFORMATION AS DEFINED IN TITLE 37, CODE OF FEDERAL REGULATIONS §1.56(A) WHICH OCCURRED BETWEEN THE FILING DATE OF THE PRIOR APPLICATION AND THE NATIONAL OR PCT INTERNATIONAL FILING DATE OF THIS APPLICATION.

APPLICATION NUMBER	DATE OF FILING	STATUS - PATENTED, PENDING OR ABANDONED

POWER OF ATTORNEY: AS A NAMED INVENTOR I HEREBY APPOINT AS MY ATTORNEY(S) WITH FULL POWER OF SUBSTITUTION AND REVOCATION, TO PROSECUTE THIS APPLICATION AND TRANSACT ALL BUSINESS IN THE PATENT AND TRADEMARK OFFICE CONNECTED THEREWITH:

MARGARET A. HORN, REG. NO. 33,401 CHRISTOPHER L. STONE, REG. NO. 35,696 DEBRA J. GLAISTER, REG. NO. 33,888 SUSAN K. FARIS, REG. NO. 41,739

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SEND CORRESPONDENCE TO: DEBRA J. GLAISTER		T	DIRECT TELEPHONE CALLS TO:					
GENENCOR INTERNATIONAL, INC.		- ,	(650) 846-7620					
925 PAGE MILL ROAD								
PALO ALTO, CA 94304-	1013							
201	1010						·	
FULL NAME OF INVENTOR	FULL FIRST NAME		INITIAL	LACTAINA				
	VOLKER		INITIAL LAST NAME SCHELLEN			IRERGER		
RESIDENCE & CITIZENSHIP	CITY	ST/	ATE OR FORE	PR FOREIGN COUNTRY		COUNTRY OF CITIZENSHIP		
	PALO ALTO	i i	ALIFORNIA			GERMAN		
POST OFFICE ADDRESS	POST OFFICE ADDRESS		CITY		ST.	ATE OR COUNTRY	ZIP CODE	
202	914 MORENO AVENUE		PALO AL	.TO	CA	LIFORNIA	94303	
202								
FULL NAME OF INVENTOR	FULL FIRST NAME AMY		INITIAL	LAST NAM	E			
RESIDENCE & CITIZENSHIP	CITY	07/	D. LIU					
NEODENOE & OTTLEHOLIS	OIA!		TATE OR FOREIGN COUNTRY CALIFORNIA		•	COUNTRY OF CITIZENSHIP		
POST OFFICE ADDRESS	POST OFFICE ADDRESS				ST	STATE OR COUNTRY ZIP CODE		
·	426 ESQUELA AVENUE		MOUNTAIN VIEW			LIFORNIA	2IP CODE 94040	
203							01010	
FULL NAME OF INVENTOR	FULL FIRST NAME	Ţī	NITIAL	LAST NAME				
	OLGA	V.		V. SELIFONOVA				
RESIDENCE & CITIZENSHIP	CITY	STA	ATE OR FOREIGN COUNTRY		, T	COUNTRY OF CITIZENSHIP		
	LOS ALTOS	CA	ALIFORNIA			RUSSIA, PERMANENT		
POST OFFICE ADDRESS	DOOT OFFICE ADDRESS					RESIDENT OF US	Α	
TOOT OF THE ADDRESS	POST OFFICE ADDRESS 2240 HOMESTEAD CT, #214		CITY		STATE OR COUNTRY CALIFORNIA		ZIP CODE	
204	22 10 HOMESTEAD C1, #214		OS ALTOS) 	CALII	FORNIA	94024	
FULL NAME OF INVENTOR	FULL FIRST NAME		INITIAL	LACTNAM				
	- OLL THOU MAINE		INITIAL	LAST NAM	=			
RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY		,	COUNTRY OF CITIZENSHIP			
POST OFFICE ADDRESS	POST OFFICE ADDRESS		CITY		T ST/	ATE OR COUNTRY	ZIP CODE	
					31/	TE OR COUNTRY	ZIP CODE	
205								
FULL NAME OF INVENTOR	FULL FIRST NAME		INITIAL	LAST NAME	-	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	

FULL NAME OF INVENTOR	FULL FIRST NAME		INITIAL	LAST NAME			
RESIDENCE & CITIZENSHIP	CITY	STA	TE OR FORE	IGN COUNTRY		COUNTRY OF CITIZE	ENSHIP
POST OFFICE ADDRESS	POST OFFICE ADDRESS	I	CITY		STA	TE OR COUNTRY	ZIP CODE

GC560dpa

I FURTHER DECLARE THAT ALL STATEMENTS MADE HEREIN OF MY OWN KNOWLEDGE ARE TRUE AND THAT ALL STATEMENTS MADE ON INFORMATION AND BELIEF ARE BELIEVED TO BE TRUE; AND FURTHER THAT THESE STATEMENTS WERE MADE WITH THE KNOWLEDGE THAT WILLFUL FALSE STATEMENTS AND THE LIKE SO MADE ARE PUNISHABLE BY FINE OR IMPRISONMENT, OR BOTH, UNDER SECTION 1001 OF TITLE 18 OF THE UNITED STATES CODE, AND THAT SUCH WILLFUL FALSE STATEMENTS MAY JEOPARDIZE THE VALIDITY OF THE APPLICATION OR ANY PATENT ISSUING THEREON.

SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 202
Nolls Willeleyn	Song Lin
DATE 5/19/99	DATE 5/19/99
SIGNATURE OF INVENTOR 203	SIGNATURE OF INVENTOR 204
Olga V. Sel. Jawar (
DATE 05.19.99	
SIGNATURE OF INVENTOR 205	SIGNATURE OF INVENTOR 206
DATE	DATE